Steps to Becoming a Mississippi State Fire Academy

Adjunct Instructor

- 1 Request Application.
- 2 Review Your Qualifications Based on Minimum Requirements.
- 3 If You Qualify, Complete and Submit Application Forms.
- 4 Application Will Be Reviewed by the Fire Academy Executive Director, and Instructor Chief.
- 5 Application Will Be Approved, Denied, or Held for Further Review.

If application is approved:

The Adjunct will receive a Contract for Professional Services in the mail. You will then receive a congratulations letter if accepted and the MSFA Adjunct Handbook outlining your duties.

Reasons for Denial:

- 1 Applicant can be denied if no openings are available.
- Applicant can be denied if the minimum requirements are not met or the application review team feels the applicant does not meet the minimum requirements. Application will be held for further review.

Fire Academy Adjunct Instructor Minimum Qualifications:

- 1. Applicant must have completed NFPA 1041-1, Fire Instructor.
- Applicant must have been in the fire service for a minimum of 3 years, volunteer or career service. (This may be a combination of the two.)
- 3. Applicant must have a minimum of 1-year instructional experience outside or within the applicant's own department.
- 4. Applicant must submit a fifteen (13-17) minute video utilizing a short Fire Academy lesson plan and Power Point presentation that has already been developed by the MSFA.
- 5. Applicant must sign the attached Authorization for Background Check.

<u>Due Dates for Approved Applications/Contracts to MSFA Administrative Office:</u>
July 5th to be effective October 1: Signed agreement due August 25th
October 5th to be effective January 1: Signed agreement due November 25th
January 5th to be effective April 1: Signed agreement due February 25th
April 5th to be effective July 1: Signed agreement due May 25th

ADJUNCT INSTRUCTOR APPLICATION

<u>Please print clearly or type</u>	•			
FULL NAME:		S	SN #:	
STREET ADDRESS:				
MAILING ADDRESS (IF	DIFFERENT):			
CITY:	COUNTY:		STATE:	ZIP:
DEPARTMENT NAME: _		PHONE	≣:	
HOME PHONE:		OTHER PH	ONE:	
E-mail address:				
Assignments that may	be available for As	ssociate Instructe	ors:	
*Assisting with on-camputhe Academy, Vol. Certif *Teaching a county or reg *Teaching specially-endo *Proctoring or observing * *Test validation. *Off Campus LP Burns. *Delivering special preserved besign/revising training	ication Day, etc gional fire school. brsed National Fire A written and skill test	Academy courses ts.		
NOTE: In addition to attrible please include any othe you have accomplished. application. No application	r certificates/transc Or YOU may subm	cripts to indicate a	specific adva	anced training/education on your Adjunct Instructo
List the date you complet (Attach a copy of your ce	-			
Years of fire service expe	erience:	Years with t	his departme	nt:
What is your current posi	tion:		How Long	?

Do you have any Instructional Experience? Briefly describe your instructional experience	YES (describe below)NO		
Briefly describe your fire service background:			
Briefly describe other specialized training that you Academy transcript record of classes)	have. (Include copies of certificates not on the		
List a Professional/Personal Reference:	Phone:		
I certify that all statements made herein and on any the best of my knowledge. I understand that, as a con- present documentation which verifies both my iden the federal immigration law. I also agree to having attached page.	condition of employment, I will be required to tity and my employment eligibility pursuant to		
Signature of Applicant	Date Signed		
(For office use only) Application Status:			
Forward to Business Office Action Taken: Approved Applications to Business Office: (IF SIGNED CONTRACT IS RETURNS August 25th October 5th to be effective January 1 Signed Contract due November 25th January 5 Signed Contract due May 25th			
Application Recommend for Approval:	Application Denied:		
Instructor Chief /Date	Instructor Chief /Date		

Executive Director/Date

Rev: 12/15/2016

Executive Director/Date:

AUTHORIZATION FOR BACKGROUND CHECK

Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process. _____, hereby authorize the Mississippi State Fire Academy/Mississippi Insurance Department/State Fire Marshal's Office, to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that State Fire Academy/Mississippi Insurance Department/State Fire Marshal's Office may utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further. Signature of Applicant Date Applicant's Name - Printed Applicant's Social Security Number

Applicant's Date of Birth